

STATE OF HAWAII
REQUEST FOR AFTER-THE-FACT SECONDARY PURCHASE
PURSUANT TO SECTION 3-143-608, HAR

Instructions

- This form is fillable.

- This form is also available in MS Word on the SPO website at <http://www/spo.hawaii.gov>
 - Select **Procurement of Health & Human Services**
 - Select **Forms**
 - Select **[Forms & Instructions for State Agencies](#)**

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To: Chief Procurement Officer

From: _____
Department/Division/Branch, etc.

Pursuant to § 3-143-608, HAR, the Department Head requests approval to make an after-the-fact secondary purchase for the following:

Title and description of health and human service(s):

| | | | |
|--|-----------------|------------|-----------------|
| Primary Purchaser: | Contact Person: | Phone No.: | e-mail Address: |
| Contract Number: | Provider Name: | | |
| Method of Payment: <input type="checkbox"/> Cost reimbursement <input type="checkbox"/> Unit rate <input type="checkbox"/> Other: | | | |

| | Primary Purchaser (P) | Secondary Purchaser (S) |
|---|-----------------------|-------------------------|
| Start Date of Contract | | |
| End Date of Contract | | |
| Total Contract Funds | | |
| Contract Funds Per Year (if applicable) | | |
| Total Services (i.e. no. of units, bed days, etc.) | * | * |
| *Percentage of Total Services $S \div (P+S)$ | | |

If the percentage is greater than 30%, provide justification that good cause exists for a greater share:

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The service/part of the service is substantially the same as the primary purchaser: ☐ Yes ☐ No

Describe differences between the primary and secondary purchase, if any, including but not limited to, scope of services, target groups, geographic area, method of payment, etc.

List state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Direct Questions to (name & title):

Phone Number:

e-mail Address:

I certify that the information provided above is to the best of my knowledge true and correct.

Department Head Signature

Date

Typed Name

Position Title

Chief Procurement Officer's Comments:

Please ensure adherence to applicable administrative requirements.

____ Approved

____ Denied

Chief Procurement Officer

Date